


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 815654

1. Entity Name
 ECOLAB INC.



Principal Place of Business TAX DEPARTMENT ECOLAB CENTER ST. PAUL, MN 55102	Mailing Address TAX DEPARTMENT ECOLAB CENTER ST. PAUL, MN 55102
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-0231510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANGSGARD, MARK ECOLAB CENTER SAINT PAUL, MN 55102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP FORSYTHE, JOHN G. ECOLAB CENTER ST. PAUL, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, LAWRENCE T ECOLAB CENTER SAINT PAUL, MN 55102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRITZE, STEVEN ECOLAB CENTER SAINT PAUL, MN 55102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUMAN, ALLAN ECOLAB CENTER ST PAUL, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/26/04-80011-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John G. Forsythe** 3-18-04 651-293-4052

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #